

Scoring Documentation for Consumer Reporting Office of Patient Advocate HMO CAHPS Reporting Year 2010

Eligible Measures and Plans

The eligible measures consist of the CAHPS* 4.0H commercial measures for reporting year 2010. The 9 California Cooperative HealthCare Reporting Initiative's (CCHRI) 2010 participating HMOs listed below are the eligible plans.

Summary Performance Scoring

Three summary performance indicator results are reported:

1. HMO Overall Rating
2. Plan Service
3. Getting Care Easily

The 'Plan Service' indicator is an aggregation of three composites: Plan Customer Service, Paying Claims, and Plan Information on What You Pay. The 'Getting Care Easily' indicator is an aggregation of two composites: Getting Doctors and Care Easily and Getting Appointments and Care Quickly composites.

The summary indicator is scored using a two-step method. In step 1, the proportional rate is calculated for each question that is included in a summary indicator. In step 2, the proportional rates are summed for all of the relevant questions and divided by the number of questions to yield an overall rate. As such, each of the question rates is equally weighted. The minimum denominator rule is applied at the summary indicator level – a plan must have a minimum of 100 respondents when summing the question denominators for that indicator. The results are not rounded – the plan raw score is used to assign the performance grade per the instructions below. The questions that comprise the two summary indicators are listed in Appendix A Table 1.

The HMO Overall Rating (Q. 42) item is reported as a stand-alone summary indicator. The Overall Rating is scored as the proportion of respondents reporting an 8, 9 or 10 on a 0-10 scale. The results are not rounded – the plan raw mean score is used to assign the performance grade per the instructions below.

* Consumer Assessment Health Plan Survey (CAHPS) NCQA sponsors the CAHPS member reported experience and satisfaction survey measures as the national standard health plan member survey.

Performance Grading

One of four grades is assigned to each of the 3 summary indicators using the Table 1 cutpoints. Three cutpoints are used to calculate the performance grades. The cutpoints were calculated per the RY2010 NCQA Quality Compass nationwide results for all 374 plans (HMO, POS and PPO).

The cutpoints are calculated by summing the nationwide scores for the respective percentile value for each measure in a given summary indicator. In turn, the measure-specific percentile scores are summed and an average score is calculated for each of the 3 cutpoints for that topic.

Top cutpoint: the 90th percentile nationwide

Middle cutpoint: 50th percentile nationwide

Low cutpoint: 25th percentile nationwide

Table 1. Performance Cutpoints for Grade Assignment

Grade	Grade Icon	Plan Service	Getting Care Easily	HMO Overall Rating
Poor	1 Star	<76	<83	<54
Fair	2 Star	76-78	83-86	54-58
Good	3 Stars	79-85	87-90	59-72
Excellent	4 Stars	86-100	91-100	73-100

A buffer zone of a half-point (0.5) span is applied. Any HMO whose score is in the buffer zone that is 0.5 point below the grade cutpoint is assigned the next highest category grade. For example, a Plan Service score of 75.5 would be assigned a grade of fair; a score of 75.4, which is outside of the buffer zone, would be assigned a grade of poor.

Composites and Item Scoring

No new CAHPS survey topics will be reported in 2010.

1. The first year Aspirin Use measure will be reported in 2011 given it is a two-year rolling average measure. RY2010 and RY2011 results will be combined to report results in 2011. At that time, the measure's placement in the reporting hierarchy will be assessed as this measure may be included in one of the HEDIS composite measures.
2. The Smoking Cessation measures will not be reported in 2010 given several changes: the addition of smokeless tobacco, response choice changes, and the eligible member sample changed to include members who did not have a visit during the year. RY2010 and RY2011 results will be combined to report results in 2011.
3. The Flu Shot for Older Adults measure has been added to the Treating Adults HEDIS composite – it will not be included in the CAHPS scoring and reporting.

The NCQA CAHPS proportional scoring specifications are used to score the following composites and items. Per NCQA scoring rules, CAHPS composite and item results are rounded using the tenths value as calculated in the raw proportional rate (e.g., a value of 79.4999 is rounded down to 79 and a value of 79.5111 is rounded up to 80).

Composites

- Doctor Communications
- Getting Doctors and Care Easily (e.g., Getting Needed Care)
- Getting Appointments and Care Quickly (e.g., Getting Care Quickly)
- Customer Service
- Shared Decision Making
- Paying Claims
- Plan Information on What You Pay

Items

- Member Complaint Resolution (Q36a)
- Finding a Personal Doctor (Q12a)
- Health Care Highly Rated (Q12)
- Coordinated Care (Q20)
- Preventive Care (Q8)
- Plan Website (Q27a)

No plan result is reported for an individual composite or item if the NCQA CAHPS 100 minimum respondents per question standard is not achieved. For these missing scores the phrase “Too few patients in sample to report” is displayed.

Per the CCHRI rule, if a minimum of 3 plans have reportable scores (minimum of 100 respondent completes) the measure is publicly reported for those plans that have reportable scores. The measure is not reported if fewer than 3 plans have reportable scores.

HMO CAHPS Reporting Plans

Performance results are reported at a health plan reporting unit level. With the exception of Kaiser Northern California and Kaiser Southern California the plans report a single, statewide set of performance results.

Aetna Health of California, Inc.
Anthem Blue Cross of California
Blue Shield of California
CIGNA HealthCare of California, Inc.
Health Net of California, Inc.
Kaiser Foundation Health Plan of Northern California, Inc
Kaiser Foundation Health Plan of Southern California, Inc.
Pacificare of California, Inc.
Western Health Advantage

Appendix A

Table 1.

Q.	Survey Item	Composite or Topic	Summary Indicator
23	In the last 12 months, how often was it easy to get appointments with specialists? (never-always)	Getting Doctors and Care Easily	Getting Care Easily
27	In the last 12 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan? (never-always)	Getting Doctors and Care Easily	Getting Care Easily
4	In the last 12 months, when you <u>needed care right away</u> , how often did you get care as soon as you thought you needed? (never-always)	Getting Appointments and Care Quickly	Getting Care Easily
6	In the last 12 months, not counting the times you needed health care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? (never-always)	Getting Appointments and Care Quickly	Getting Care Easily
40	In the last 12 months, how often did your health plan handle your claims quickly? (never-always)	Paying Claims	Plan Service
41	In the last 12 months, how often did your health plan handle your claims correctly? (never – always)	Paying Claims	Plan Service
35	In the last 12 months, how often did your health plan's customer service give you the information or help you needed? (never-always)	Plan Customer Service	Plan Service
36	In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect? (never-always)	Plan Customer Service	Plan Service
31	In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment? (never-always)	Plan Information on What You Pay	Plan Service
33	In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines? (never-always)	Plan Information on What You Pay	Plan Service
12a	How satisfied were you with your <u>ability to choose a personal doctor that you were happy with?</u> (0-10)	Finding a Personal Doctor*	NA
27a	In the last 12 months, please rate your satisfaction with your health plan's website.	Plan Website *	NA
36a	In the last 12 months, if you called or wrote your health plan's customer service with a complaint or problem, how satisfied were you with <u>how it was resolved?</u>	Member Complaints*	NA
42	What number would you use to rate your health plan? (0-10)	Global Plan*	HMO Overall Rating

*reported as stand alone measure; not a composite measure

Appendix A

Table 2.

Q.	Survey Item	Composite or Topic	Summary Indicator
15	In the last 12 months, how often did your personal doctor <u>explain things</u> in a way that was easy to understand? (never-always)	Doctor Communication	NA
16	In the last 12 months, how often did your personal doctor <u>listen carefully to you</u> ? (never-always)	Doctor Communication	NA
17	In the last 12 months, how often did your personal doctor show respect for what you had to say? (never-always)	Doctor Communication	NA
18	In the last 12 months, how often did your personal doctor spend enough time with you? (never-always)	Doctor Communication	NA
10	In the last 12 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?	Shared Decision Making	NA
11	In the last 12 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice you thought was best for you?	Shared Decision Making	NA
12	What number would you use to rate all your health care in the last 12 months? (0-10)?	Health Care Highly Rated*	NA
20	In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?	Coordinated Care*	NA
8	In the last 12 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?	Preventive Care*	NA
46	In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan? (none-10+ visits)	Helping Smokers Quit: Getting Advice**	NA
47	On how many visits was medication recommended or discussed to assist you with quitting smoking?	Helping Smokers Quit: Medications**	NA
48	On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking?	Helping Smokers Quit: Ways to Stop**	NA

*reported as stand alone measure; not a composite measure

**not reported as fewer than 3 plans had reportable scores